

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029021

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 135

DO NOT WRITE
ON THIS STUD

AMENDED

FILED AUG 1 1963

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lebanon		c. CITY OR TOWN Lebanon	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long Nursing Home		d. STREET ADDRESS 536 Hayes	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Harrison Valetine Durbin			4. DATE OF DEATH Month July Day 28 Year 1963		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-17-77	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Competition, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Isach Durbin		13b. MOTHER'S MAIDEN NAME Francis Emmerson		14. NAME OF HUSBAND OR WIFE Francis Durbin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Mrs. Eula Sweeney-Lebanon, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic nephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute urinary retention DUE TO (c) Hypertrophy of prostate gland		INTERVAL BETWEEN ONSET AND DEATH 1 yr. 15 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Lebanon, Mo.	
21. I attended the deceased from 4-12-62 to 7-28-63 and last saw him alive on 7-21-63 Death occurred at 2 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B B Hurst, MD		22b. ADDRESS 255 N. Adams, Lebanon, Mo.	22c. DATE SIGNED 7-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-30-63	23c. NAME OF CEMETERY OR CREMATORY Blackwell City Cemetery	23d. LOCATION (City, town, or county) (State) Blackwell, Oklahoma
24. FUNERAL DIRECTOR Palmer Funeral Home-Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 7-29-1963	26. REGISTRAR'S SIGNATURE Wella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Tyler

Licensed Embalmer No. 4534

P. O. Address Shannon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit issued 7-29-1963 H.L.H.